

Michigan Child Care Matters



Issue 69, Fall 2004
Potpourri

Division Director's Update

The Office of Children and Adult Licensing (OCAL) has a new director, James Gale. Prior to accepting this position, Jim spent over 30 years working in the private sector for licensed and nationally accredited organizations. In this capacity, he was required to follow the licensing rules of OCAL. This gives him a unique perspective into the licensing and regulation process. He believes the licensing process must be inclusive of those we are charged with regulating. To this end, he has initiated several workgroups that include OCAL staff, providers and advocates to review various OCAL policies and practices. We are pleased to have Jim on our team!

The process of updating the family and group day care home rules and the child care center rules continues. I am very happy with the progress both advisory committees are making. An initial draft of the home rules was completed in August. I am hopeful that a draft of the center rules will be completed by September. The next step in the rule promulgation process is for the Office of Regulatory Reform to review and approve the draft rules. Public hearings will be scheduled to solicit input from providers, parents, and the community at large.

In the family and group day care home rules, some of the major changes the advisory committees are proposing include:

- Requiring CPR and first aid training for family home providers prior to licensure.
- Annual training requirements for all caregivers.
- Expanding programming requirements to include addressing a child's social-emotional needs.
- Requiring firearms to be unloaded and locked, and ammunition to be stored separately in a locked location.
- Bedding requirements must conform to Consumer Product Safety Commission (CPSC)

and Sudden Infant Death Syndrome (SIDS) Alliance recommendations.

- Infant sleeping and supervision requirements based on SIDS Alliance recommendations.
- Water hazards and water activities are specifically addressed.
- Assuring children are transported in age- and size-appropriate child safety seats.

The center rules advisory committee has proposed rule changes that include:

- Increased qualifications for program director.
- Creation of a new position - "Lead Caregiver."
- Annual training requirements for all caregivers.
- Establishing a maximum group size for infants, toddlers and preschool children.
- Clearly identifying the role and responsibilities of an infant/toddler primary caregiver.
- Expanding programming requirements to include addressing a child's social-emotional needs.
- Bedding requirements must conform to Consumer Product Safety Commission (CPSC) and Sudden Infant Death Syndrome (SIDS) Alliance recommendations.
- Infant sleeping and supervision requirements based on SIDS Alliance recommendations.

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MICHIGAN FAMILY INDEPENDENCE AGENCY

Family Independence Services
Child Development and Care

and

Office of Children and Adult Licensing
Division of Child Day Care Licensing



This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the Internet. **This document is in the public domain and we encourage reprinting.**

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THE PURPOSE OF A DAY CARE CONSULTANT'S VISIT

*Judy Miller, Child Day Care Licensing Consultant
Grand Rapids*

A visit from your child day care licensing consultant, whether scheduled or not, often strikes fear and anxiety in the hearts of many providers. A visit from your licensing consultant assures that you are meeting minimum standards established by the State of Michigan. The purpose of these standards is to protect the safety of children.

But what if the licensing consultant finds something wrong? Am I going to lose my license?

It's not the end of the world. A visit from the licensing consultant is an opportunity to receive objective feedback to improve the quality of services to children and their families. Of course, licensing expects providers to maintain compliance with all licensing rules, but if the licensing consultant does find rule violations, you will usually be given the opportunity to correct the problem.

Did you know that licensing consultants are required to have a master's degree in child development, early childhood education, or social work? Many licensing consultants have experience teaching children and working with families. The educational and professional experience of licensing consultants is available to you as a resource to answer questions or provide suggestions.

What if someone makes a complaint against me? I know I'll lose my license then!

The licensing consultant does not have the right to simply walk into your home or center and take your license. There is a complaint process that is designed to protect children while being fair to providers.

When licensing receives a complaint, an investigation is opened. The licensing consultant will gather information from a variety of sources and will talk to the licensee/registrant. Other people may also be interviewed as to what they have observed. Depending on the complaint, these interviews may include former and current parents, children, and staff, as well as outside authorities or neighbors.

Most investigations are completed within 60 days. A final report is written and sent to the licensee or registrant. If the investigation findings conclude there are no violations, the investigation is closed. If there are rule violations, the licensing consultant may do one of two things; ask for a plan of correction or decide that the violations are so serious that disciplinary licensing action must be taken.

If the licensee or registrant is requested to provide a plan of correction, submission of an acceptable plan of correction will end the investigation. If the plan of correction is not acceptable, or not submitted within the specified time frame, the disciplinary licensing process will begin.

Any action against someone's license takes place only after they have demonstrated they are unwilling or unable to comply with the licensing rules and regulations. In most cases, licensing provides technical assistance to help a provider meet licensing requirements and consultation to improve the quality of services before taking disciplinary licensing action.

Remember, we are all on the same team. The goal is to provide a safe, nurturing environment for children. ❖

Staffing a School-Age Child Care Program

*Sandy Rademacher. Day Care Licensing Consultant
Saginaw County*

The quality of a school-age child care program's staff will determine the excellence of the program. The growing demand for before/after school care places child care centers, community agencies, and day care home providers on a challenging path to offer quality programming which meets the needs of today's families. Employing qualified staff who believe in the program philosophy and are willing to work within its framework is the beginning of a successful program.

Program directors and home providers play key roles in achieving school-age program missions, goals, and objectives. It is their responsibility to hire, train, and supervise staff. In addition, informal and formal staff evaluation is necessary to maintain and improve the quality of personnel. Finally, recognition of a job well done is imperative to staff retention and the continuity of care for children.

Before selecting staff, develop a job description that defines the personal and professional qualifications needed for the job. Have clear responsibilities outlined as well as any requirements expected for continuing education or training experiences. During the interviewing of prospective candidates, use a predetermined set of both closed and open-ended questions based on the job description and the responsibilities required.

Choose your personnel carefully. Look for persons who exhibit the following qualities:

- Exhibits strong interpersonal skills
- Enjoys physical activities; is healthy and energetic
- Has a knowledge of the developmental stages of school-age children
- Truly enjoys being with children
- Has the patience to allow children to be independent

- Can be a good role model for children
- Has many and varied interests to share with children
- Is sensitive to the uniqueness of each child and family
- Can work as a **team** member.

Keep in mind when making personnel decisions to select a balanced staff of both men and women of differing ages, with diverse cultural and ethnic backgrounds. Select candidates who possess experience in early childhood or elementary education, child development, and others with recreational experience.

The primary role and responsibility of staff members in a school-age program is to facilitate children's involvement in a variety of activities including games, clubs, recreation and sports, special projects, and individual enrichment. Staff responsibility entails planning and preparing an environment for children that is interesting, challenging, and appropriately reflects children's current skill levels. Materials and supplies should be accessible to children as they plan and carry out their experiences as individuals or in small/large groups.

(Continued on page 6.)



SCHOOL-AGE CHILD CARE: STAYING WITHIN YOUR RATIOS

Jackie Sharkey, Day Care Licensing Consultant
Clinton Township

When school is in session, school-age children come and go into care throughout the day. Staying within adult/child ratios can be a real juggling act. It is important to be aware of the number of children in care as well as the number of children that will be coming into care.

- *Adult/child ratios limit the number of children each adult cares for, which helps to ensure that children are properly supervised and get the attention they need.*

The following child care center rules apply regarding adult/child ratios for school-age children:

R 400.5105 (1) A minimum of 2 staff members, 1 of whom is a caregiver, shall be present at any one time in the center and during outdoor activities and field trips if 7 or more children are present. The second person does not need to be a caregiver but must be aware that she/he is in a position to assist the caregiver if needed.

The adult/child ratios at any one time in the center and during outdoor activities and field trips shall be based on the following:

R 400.5105 (2)(b) For children 4-5 years of age, there shall be 1 caregiver for 12 children or a fraction thereof beyond the first 12, including children who are related to the staff and the licensee.

R 400.5302 (1)(a) For children 6 to 12 years of age, there shall be 1 caregiver for 20 children or a fraction thereof beyond the first 20, including children who are related to the staff and the licensee.

R 400.5302 (1)(b) For children from 13 to 17 years of age, there shall be 1 caregiver for 30 children or a fraction thereof beyond the first 30, including children who are related to the staff and the licensee.

- *These ratios refer to ratios in the center as a whole rather than in individual rooms or areas inside. Even if there is compliance with the ratio rule, there may be a violation regarding appropriate care and supervision if the children are not in control, their needs are not being met, or caregivers are not supervising children.*
- *For family and group homes, all unrelated children, regardless of their ages, are counted in both the capacity and the ratio rules.*

Field trips are popular among the school-age population. Transporting children may be necessary. Because the driver's primary job is to transport the children safely, additional supervision of the children may be needed. This is especially true should an accident or emergency situation occur. The adult/child ratios while transporting are:

R 400.5611

<u>Child's Age</u>	<u>Number of Children</u>	<u>Number of Adult Staff</u>
4-5	1-8	Driver
	8-25	Driver and 1 staff member/volunteer
	26 and over	Driver and 2 staff members/volunteer
6-12	1-20	Driver
	21 and over	Driver and 1 staff member/volunteer

- *Additional staff members during transportation must be 16 years of age or older, seated with the children and responsible for their supervision.*
- *Upon return to the center or arrival at a field trip site, in-center ratios apply. No staff or volunteers under the age of 18 years may count in the staffing ratio.*

Swimming activities are common when it comes to field trips for school-age children.

R 400.5502 During swimming activities the ratios that must be followed are as follows:

	<u>Child's Age</u>	<u>Number of Children</u>	<u>Number of Adults</u>
Non-Swimmer:			
Water lower than chest high	4-5	4	1
	6 & older	12	1
Non-Swimmer:			
Water higher than chest high	4-5	1	1
	6 & older	1	1
Swimmer:			
Water lower than chest high	4-5	12	1
	6 & older	20	1
Swimmer:			
Water higher than chest high	4-5	12	1
	6 & older	20	1

- A staff person must be in the water and there must be a certified lifeguard on duty. Also, for a day care child to be considered a **swimmer**, the child must meet all of the following criteria:
 1. Keep afloat for 5 minutes by whichever means possible.
 2. Swim the length of the pool any style (minimum of 25 yards).
 3. Perform (1) and (2) above without the use of flotation devices.

It is essential for adult/child ratios to be in compliance at all times. The children's supervision and safety depends on keeping within the ratios. It also allows the adults to meet each child's needs more easily. So, always remember to count the children in your care and to anticipate how many and at what times other children may arrive in order to insure proper staffing.❖



Staffing from page 3

Staff must promote children's growing independence by encouraging children to solve their own problems, make and carry out their plans, and become an integral part of the community from within the framework of the program. Positive guidance techniques should be used by staff to help children learn self-control and self-discipline.

Staff must be partners with parents, welcoming their participation in the program. Include parent's ideas in program planning, share information with them about children's activities, interests, and learning experiences. Communicating with parents through newsletters and program activity calendars is essential in assisting families with planning schedules for out-of-school hours.

Supervision, on-going training, and evaluation are necessary on a regular and continuing basis

with staff. These practices will ensure that the vision, goals, and objectives of a quality school-age child care program remain effective and are implemented in ways that best serve children and families.❖

Director's update from page 1

As I said earlier, I am very pleased with the recommendations being made by the rule advisory committees. The changes being proposed will help to improve the health and safety of children in care and provide caregivers with more opportunities to receive training.

Once the rules are approved, we will begin the next phase of this process – training providers on the new rules. More on that next time.

Jim Sinnamon, Director
Division of Child Day Care Licensing

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Learning Disabilities Association of Michigan Annual Conference, "Challenges of Change" October 3-5, 2004, East Lansing. Call for conference information: (888) 597-7809 or (517) 485-8160, e-mail: ldami@aol.com or visit: www.earlyonmichigan.org/ld/home.htm.

15th Annual Child Care Resources' Early Childhood Conference, October 23, 2004, Kalamazoo. Contact: (800)343-3470 or (269) 349-3296, e-mail: Robin@WorkFamilySolutions.com.

Community Sharing for Healthy Caring Early Childhood Conference, Saturday, November 6, 2004, Howell High School Campus, 1200 W. Grand River, Howell. To obtain a brochure or registration information, phone: (517) 548-9112 or e-mail: chilcarel@aol.com.

Supporting Families with Young Children Conference, November 8-10, 2004, Grand Rapids. Contact Tricia Headley (517) 241-7226 or (517) 484-0298, e-mail: headlyp@michigan.gov or www.earlyonmichigan.org.

Michigan Collaborative Early Childhood Conference, January 26-28, 2005, Dearborn. Sponsored by the Michigan Department of Education, contact (517) 373-8483.

Coming Together for Children, February 12, 2005, Lansing. Sponsored by Central Michigan AEYC, Lansing Community College and the Office for Young Children. Contact Mary at (517) 483-1429.

WHAT GOOD IS A DISCIPLINE POLICY?

Judy Miller, Child Day Care Licensing Consultant
Grand Rapids

The licensing rules for all child day care facilities in Michigan require a written discipline policy. The purpose of this rule is to communicate to parents the methods of guidance that their child will receive at day care. Consistency is very important for young children, so good communication between the parent and the provider is essential. You can facilitate good communication with parents by writing a complete discipline policy that you review with them before they enroll their child. Discipline policies may also serve as an educational tool for parents.

The licensing rules also state that caregivers must use positive methods of discipline and may not use physical force, hitting, spanking, or any form of corporal punishment. In fact, nearly all types of punishment are not allowed.

Why is punishment forbidden? Although **discipline** and **punishment** are often confused, they are not the same. *The American Heritage Dictionary* defines discipline as "Training that is expected to produce a specific character or pattern of behavior, esp. training that produces moral or mental improvement," while punishment is defined as "A penalty imposed for wrongdoing." Punishment may stop an undesirable behavior temporarily, but it does not teach a child what he/she is supposed to do.

A good discipline policy includes at least three main points:

1. *The type of environment you are trying to create for children, and your general philosophy of discipline.* Most child care providers use words such as "safe", "loving", "fun", or "learning" when they describe the environment they want to create for children. Positive methods of discipline help a child learn to control his/her own behavior, which builds self-confidence and self-esteem.
2. *What you will do to promote children's positive behavior.* List the positive methods of discipline that you and your staff will use. For example:
 - Model the behavior that you want children to learn - Smile. Say please and thank you. Use a quiet voice. Sit on the chairs and not on the tables.
 - Notice children's acceptable behavior. Let them know that you appreciate it when they help to clean up or when they play well with another child.
 - Explain the rules to the children. Help them to learn safe limits and the potential consequences of certain behavior. Say, "You might trip and bump your head if you run fast inside," or "When you hit her, Nancy doesn't want to be your friend."
 - Re-direct an aggressive child to more acceptable activities.
 - Help children to think of better ways of solving a problem. Don't just say "Use your words," say "Tell Zachary that you want a turn."

NOTE: These are examples. What other positive methods can you think of?

(Continued on page 9.)



PROVIDERS GUIDE TO REPORTING CHILD ABUSE & NEGLECT

*Laura Schott, Day Care Licensing Consultant
Macomb & St. Clair County*

Under the Michigan Child Protection Law,¹ child day care providers are legally mandated to report suspected child abuse and/or neglect. What exactly does this mean? The following are legal definitions of abuse and neglect:

- **Child Abuse²:**

Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare or by a teacher or teacher's aide which occurs through nonaccidental physical or mental injury; sexual abuse; sexual exploitation; or maltreatment.

- **Child Neglect³:**

Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- ● Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- ● Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or any other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.



Most child day care providers realize that abuse can be actual harm (i.e., bruises, welts, burns, bites, etc.) but abuse also means **threatened** harm. Threats of harm are often the way the perpetrator assures that the abuse and/or neglect remains a secret. Threats of this type, as well as actual abuse, often make children chronically anxious, agitated, depressed, withdrawn, or fearful for their lives and/or the safety of family members.

Neglect occurs when parents or those responsible for the child do not provide for the child's basic needs, put the child at unreasonable risk and/or fail to protect or eliminate risk for the child. Neglected children are often developmentally delayed or have physical and/or emotional problems. Starved for attention and failure to thrive accurately describe severely neglected children.

When speaking with a child about possible abuse and/or neglect, it is important to ask non-leading questions that begin with how, what, when, who, or where. For example, instead of asking, "Did your mother hit you?", it would be better to ask, "What happened to you?", or "How did this happen?" Children have an innate desire to please adults and when asked questions will try to answer in a manner they feel is expected. It is important to remember that children who are abused and/or neglected will protect their parents and may not be honest about what is occurring. Asking non-leading questions will result in more accurate information from the child. It is not necessary for child day care providers to interrogate children in an attempt to determine if abuse and/or neglect has occurred. Remember that child day care providers are required to report **suspected** abuse and/or neglect of a child.

It is understandable that a child day care provider would feel hesitant and distressed to report suspected child abuse and/or neglect, especially about a family that has been with her for a long period of time. Children's Protective Services (CPS) is not allowed to reveal the identity of a reporting person unless ordered to do so by a judge. It is the role of CPS to assist families, when possible, to function responsibly and independently in providing care for their children. CPS accomplishes this by assessing the needs of the family and referring them to services within the community to address those needs. Some cases do require that a child be removed from the care of his parent(s) due to the risk of harm and/or actual harm to the child.

Child day care providers are mandated reporters when they **suspect** child abuse and/or neglect has occurred or may be occurring. Mandated reporters are required by law to report suspected child abuse and/or neglect to the local CPS office within 24 hours and then submit a written report (FIA-3200⁴) within 72 hours. Failure to report is punishable by a fine of up to \$500 and/or up to 93 days in jail.

It cannot be stated strongly enough that child day care providers are a first line of defense against child abuse and/or neglect. CPS counts on your active participation in the prevention of child abuse and neglect. We must act together to protect children and assist families in providing for the needs of their children.

¹ Child Protection Law, Act No. 238, Public Acts of 1975, as amended, being Sections 722.621 – 722.638, Michigan Compiled Laws.

² Definition taken from State of Michigan, Family Independence Agency, Child and Family Services Manuals, Children's Protective Services Manual, CFP 711-4, page 1.

³ Definition taken from State of Michigan, Family Independence Agency, Child and Family Services Manuals, Children's Protective Services Manual, CFP 711-4, page 2.

⁴ The FIA-3200 form can be found on the Child Day Care Licensing website, www.michigan.gov/fia. ❖

Discipline from page 7.

3. *What you will **not** do, such as spanking.* You may want to copy the prohibited methods of handling children that are listed in part 2 of the discipline rule. As a childcare provider, you must comply with the rule, even when a parent tells you to use a method of behavior management that is prohibited or that you know is not acceptable.

Remember that all areas of our lives tend to run more smoothly when we have a plan of action. Your discipline policy is a plan that can make life easier for children, their parents, and child care providers. Take the time to write a detailed discipline policy. Take the time to acquaint your staff, the parents, and the children with your philosophy and methods from the start. It will be time well spent.

A note about time-out: Time out should be used as a last resort and should not be thought of as punishment, but rather an approach that enables the child to regain control of himself or herself. The location should keep the child in visual contact with a caregiver and should be used selectively, taking into account the child's developmental stage and the usefulness of "time out" for the particular child. The use of timeout is not recommended for children under 3 years of age.

(From *13 Indicators of Quality Child Care: Research Update* as Presented to the Office of the Assistant Secretary for Planning and Evaluation, and the Health Resources and Services of the Administration/ Maternal and Child Health Bureau U.S. Department of **Health and Human Services**)

CHALLENGING BEHAVIOR IN CHILD CARE

Mary Mackrain, Statewide CCEP Consultant

- Do you sometimes wonder or worry about how to best respond to the children whose behaviors are upsetting or challenging to you and the other children and/or parents?
- Do any of the babies, toddlers or young children (birth to 5) in your care hit, kick, shove, grab, bite, pick on other kids, cry, scream, etc., more than other children?
- Are any of the infants and young children in your care especially withdrawn and/or silent, unable to settle down or participate in play?
- Would you like to find out how you can help the children you care for and get the support you need?

If so, you're like most other child care providers! There may be a Child Care Expulsion Prevention (CCEP) project in your area. CCEP consultants are available to work with you to assist children with challenging behavior and to enhance your program. Consultants can help:

- Identify children's strengths
- Explore areas of difficulty
- Come up with a plan to help the children, families, and you
- Strengthen your overall child care program
- Offer strategies for staff and parents
- Make the child care experience happier for everyone!

CCEP services are **free and confidential**. For more information, contact a CCEP consultant in your area.

Michigan Child Care Expulsion Prevention (CCEP) Projects funded through the Family Independence Agency

Clinton, Eaton, Ingham Counties

KEEP (Keeping Early Education Positive)
(517) 346-8053

Livingston County

Success for Kids in Child Care
(517) 548-9112

Kent County

Arbor Circle KEEP (Keeping Early Education Positive)
(616) 456-6571, Ext. 1377

Upper Peninsula (All 15 Counties)

UP BEARS (Promoting Behavioral, Emotional, & Resiliency Skills)

Alger, Chippewa, Delta, Dickinson, Gogebic, Iron, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties
(906) 228-3362

Baraga, Houghton and Keweenaw Counties
(906) 482-4880

Wayne County

Downriver Detroit Area
A Circle of Caring
(734) 785-7705

East, Northeast, and Southwest Detroit, The Grosse Pointe(s), Hamtramck, Harper Woods, and Highland Park
Project PEACE (Partnerships for Early Advocacy and Caring Education)
(313) 259-4411

Western Detroit and Western Wayne County
Care Connections
(313) 531-2500, Ext. 264❖

If you don't see your county listed, contact :
Mary Mackrain, Statewide Consultant
Phone: (248) 594-3250
Email: mackrain@aol.com

LAUGHTER IS REQUIRED

Sharon Schleicher, Day Care Licensing Consultant
Ann Arbor

Laughter is required to be an effective child care provider. Laughing can help us cope with the daily demands of any job. For child care providers, maintaining a sense of humor can be a challenge on those days when the kids have gotten on your last nerve and you're considering a career in telemarketing!

Research tells us the benefits of humor.

- Humor can boost the immune system.
- Humor can facilitate learning.
- Humor promotes healing.
- Humor reduces stress.
- Humor increases creativity.
- Humor relaxes the mind and body.
- Humor can change behavior; laughing together decreases tension.
- Humor diffuses anger...you cannot be angry and laugh at the same time.



The psychological benefits of humor are quite amazing, according to doctors and nurses who are members of the American Association for Therapeutic Humor. People often store negative emotions, such as anger, sadness and fear, rather than expressing them. Laughter provides a way for these emotions to be harmlessly released.

Researchers estimate that laughing 100 times is equal to 10 minutes on the rowing machine or 15 minutes on an exercise bike. Laughing can be a total body workout! Blood pressure is lowered. Laughter gives your **diaphragm** and **abdominal, respiratory, facial, leg** and **back muscles** a workout. That's why you often feel exhausted after a long bout of laughter-you've just had an aerobic workout!

Children do say the funniest things. Just listen to the silly comments they make while playing and during meal times. Children provide us with a lot of humorous material; all we have to do is pay attention.

A teacher gave her fourth grade students the beginning of a list of famous sayings and asked them to provide original endings for each one. Here are some examples of what they submitted:

- As you make your bed so shall you...Mess it up.
- Don't bite the hand that...Looks dirty.
- A penny save is ... Not worth much.
- Children should be seen and not ... Spanked or grounded.
- It's always darkest just before... I open my eyes.
- If you lie down with the dogs ... You'll stink in the morning.
- The grass is always greener ... When you leave the sprinkler on.
- You can lead a horse to water but ... How?
- Laugh and the world laughs with you, cry and ...You have to blow your nose.

Lets all remember to find something each day to laugh about. As comedian Steve Allen once said: "It is bad to suppress laughter, it goes straight to the hips!"

References:

Article; "Humor is a Funny Thing" by Mary Kay Morrison mkmorrison@kidsroe.org
Article; "Laughter and Health" from website [HowStuffWorks](#)❖

TRANSPORTATION IN CHILD CARE SETTINGS: CALL TO ACTION

The National SAFE KIDS Campaign calls upon parents, child care providers and public policy makers to promote the safe transportation of children in child care settings:

Recommendations to Parents

Parents of children in all types of child care settings should:

- ensure that the child care provider has an age- and size-appropriate child safety seat;
- learn to correctly install child restraints by using the child safety seat and motor vehicle instructions or attending a child safety seat check up event or child safety seat inspection station; and
- regularly check all child safety seats used against current child restraint recall lists from the National Highway Traffic Safety Administration and the U.S. Consumer Product Safety Commission.

Parents of children in home child care settings should also:

- teach grandparents and other child care providers how to correctly install the child safety seat and to secure the child appropriately in the seat; and
- discuss with the child care provider how often and where the child can be transported.

Parents of children in center/program settings should also:

- check that the child care provider has adequate training in child passenger safety;
- determine whether the provider has a formal policy that properly reflects the best way to transport children in all vehicles;
- agree with the stated transportation practices of the child care provider;
- make certain that vehicles used by child care providers are safe for transporting their children; and
- guarantee that safe transportation practices and policies are followed, through spot checks and interviews.

Recommendations to Program/Center Child Care Providers

- have an explicit written policy concerning transporting children under your supervision and ensure that parents and staff understand all components;
- restrain every occupant in motor vehicles, regardless of seating position;
- ensure that children ages 12 and under ride restrained in a rear seat;
- make certain that children ages seven and under are transported in child restraints that are correctly installed and used, according to manufacturer instructions;
- never leave children unattended in or around vehicles;
- take or provide opportunities for staff to attend a child passenger safety training program;
- post and regularly check all child safety seats used against current child restraint recall lists from the National Highway Traffic Safety Administration and the U.S. Consumer Product Safety Commission;
- inspect any vehicles used for transporting children regularly;
- designate qualified and appropriate drivers to transport children; and
- ensure the quality of transportation practices and policy compliance by spot checks and interviews of staff.

Recommendations to Regulators and Legislators

- State child care licensing agencies should revisit their regulations and ensure that all children are properly restrained in age- and size-appropriate restraint systems in all child care settings; and
- State legislatures, governors, and citizens should work to close the gaps in existing child occupant protection laws.❖

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TRANSPORTING CHILDREN

*Erika Bigelow, Day Care Licensing Consultant
Jackson*

As the school year begins again, many family and group home providers find themselves transporting day care children to and from school. Before starting such a venture, there are a few issues to take into consideration. To begin, one must remember that compliance with all rules must be maintained at all times, whether in a vehicle, or in a home. Six rules in particular could easily be violated without careful preparation. Those are as follows:

R 400.1803 Ratio of Care-giving staff to Children

Ratios must be maintained, whether in a car or in a home, and whether all the children are in the car or whether some have remained at home.

Reminder: Ratio includes all unrelated children in care and any of the following children who are less than 7 years of age:

- (a) Children of the assistant caregiver
- (b) Children of the caregiver
- (c) Children related to any adult member of the day care home family by blood, marriage, or adoption.

R 400.1802 Care-giving staff and day-care home family; qualifications and responsibilities

If some of the children remain at home with an assistant caregiver, questions to consider are:

- Is the person 18 years of age or older?
- Is the person of responsible character?
- Is either the caregiver or assistant caregiver in the home when there are children in care?

R 400.1812 Health records of care-giving staff and day-care home family; record maintenance

If an assistant caregiver is present in the home or in the car, that person must have obtained a signed statement from a physician, which attests to the health of the staff member. Additionally, the person must have written evidence of freedom from communicable tuberculosis.

R 400.1841 Transportation

When transporting day care children in your car, the following should be taken into consideration:

- Is the vehicle in good working condition?
- Are all necessary child safety restraints installed properly, according to the manufacturer's instructions?
- Are all the children in age-appropriate child restraints according to the state law?

R 400.1842 Field Trips; parent permission and notification required

Before transporting a child in your care, it is imperative that you obtain prior written permission from the parent. Some other considerations are:

- Are you available by cell phone for the parents and/or assistant caregiver?
- How can you be contacted if a parent has an emergency and needs to get their child if you don't have a cell phone?
- Do the parents know your transportation schedule, if applicable?
- Do you notify the parents if you need to transport children unexpectedly?

OTHER RECOMMENDATIONS/CONSIDERATIONS

Some other recommendations/considerations when transporting children:

- Take the Child Information Cards with you.
- Have a first aid kit.
- Have insurance that covers you when transporting other people's children.
- **DO NOT** leave children unattended for any period of time.
- Have a plan for loading and unloading children to assure safety.
- Make sure all children are accounted for before, during, and after any travel. (Check at the facility, in the vehicle, and at any site you are going to.)❖ 13

IMMUNIZATIONS-WHY SHOULD YOU GET THEM?

Mari Pat Terpening, RN, BSN

As a provider, you have the unique opportunity to educate parents on a variety of topics. This article may be copied and given to parents to increase their understanding of the issues related to immunizations.

Many parents today are increasingly concerned over the number of immunizations that their children are receiving. Some parents are even questioning the safety of those vaccines. Let me assure you, vaccines are held to the highest standard of safety. The United States currently has the safest, most effective vaccine supply in history. Years of testing are required before a vaccine can be licensed. Once in use, vaccines are continually monitored for safety and effectiveness.

Should you choose not to immunize your child, you need to be aware of the risks to your child. A decision not to immunize may put your child at risk of contracting a life-threatening disease. Today, many parents are not aware of, nor have they seen, many of the childhood diseases that killed children twenty years ago. One of the primary reasons that we no longer see those childhood diseases within our community is that the immunization levels of our children are high, thus reducing the spread of communicable diseases.

At one time, measles was one of the most serious childhood diseases. One out of thirty children developed pneumonia and one or two out of one thousand died from measles. As recently as the late 1980's and early 1990's in the United States, 70% of children were immunized against measles; however, a large measles outbreak was seen across the country. More than 11,000 children were hospitalized and 120 died from the disease. Currently, immunization coverage levels among children are about 90% against measles.

Public Health officials learned from the outbreak in the 1990's that immunization coverage levels do not have to fall very far for the disease to spread again. In addition, most know that today we are a very mobile population, traveling internationally more and more frequently. A number of childhood communicable diseases that are now being reported in the United States come from exposure outside the United States in countries that have relatively low immunization coverage levels. Once imported, communicable disease can threaten the health of persons not vaccinated or those for whom the vaccine was not effective.

The Local Health Department in your community is very aware of the number of vaccine preventable communicable diseases that are reported every year. One disease that officials are seeing an increase in nationally is whooping cough. Every year, 7,000 cases of pertussis are reported in the United States. Five to twenty children die from this disease. Whooping cough has been reported in Mid-Michigan almost every winter. Whooping cough causes severe illness and may lead to pneumonia, seizures and permanent brain damage. To assure that your child has optimum protection against this disease, parents need to make sure that their child has received 4 DTaP's by 15 months of age, with another dose at 4 years of age.

One of the most important factors in choosing to immunize your child is being able to obtain educational information about vaccination. There are many resources available to parents, but parents need to be selective about what sources they are choosing to obtain information from. Listed below are great immunization web sites to obtain additional immunization information:

www.edc.gov/nip
(National Immunization Program)

They have a great deal of information on vaccine safety.

www.immunize.org
(Immunization Action Coalition)

www.vaccine.chop.edu
(Children's Hospital of Philadelphia)
Great private web site.

If you have any additional questions about immunizations, please call your local health department. ❖



Required childhood immunizations for Michigan child care/preschool and school settings

Age • Vaccine •	Child care/preschool entry requirements					School entry requirements	
	Birth through 1 month	2 months through 3 months	4 months through 5 months	6 months through 14 months	15 months through 4 years	4 years through 6 years	7 years through 18 years
Diphtheria, Tetanus, Pertussis	None	1 dose DTaP or DTP	2 doses DTaP or DTP	3 doses DTaP or DTP	4 doses DTaP or DTP	4 doses one dose must be ≥ 4 yrs	4 doses D and T OR 3 doses Td if #1 given ≥ 7 yrs of age. Must have 1 dose within last 10 years.
H. influenzae type b	None	1 dose	2 doses		1 dose ≥ 15 mo. OR a completed series	None	None
Polio	None	1 dose	2 doses		3 doses	3 doses one dose must be ≥ 4 yrs	3 doses
Measles, Mumps, Rubella*	None	None	None	None	1 dose ≥ 12 mo.	2 doses ≥ 12 mo.	2 doses ≥ 12 mo.
Hepatitis B	None†	1 dose	2 doses		3 doses	3 doses	3 doses
Varicella (Chickenpox)	None	None	None	None	1 dose ≥ 12 mo. OR current lab immunity OR reliable history of disease	Beginning 2002/2003 School Year, 1 dose if given ≥ 12 months of age and prior to 13 th birthday OR 2 doses if initiated ≥ 13 th birthday OR current lab immunity OR reliable history of disease	

• 2002/2003 School Year Routine 10 year Td booster is suspended due to vaccine shortage.

* Current laboratory evidence of measles, mumps, or rubella immunity is acceptable instead of immunization with that antigen.

† Hepatitis B may be administered as early as birth. This table represents the minimum required immunizations for schools and child care centers.

DCH-3719

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Rev. 4/2002



FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
7109 W. SAGINAW, 2ND FLOOR
LANSING, MI 48909

PRSRT STD
U.S. POSTAGE
PAID
Lansing, Michigan
Permit No. 1200



Resources: Potpourri

Baldwin, S., The Playful Adult, Redleaf Press,
1-800-423-8309, www.redleafpress.org

BetterKidCareNews-subscribe-
request@lists.psu.edu, 1-800-452-9108

Chenfield, M., Teaching in the Key of Life,
NAEYC, 1-800-424-2460, www.naeyc.org

Kaiser, B., & Rasminsky, J., Challenging
Behavior in Young Children: Understanding,
Preventing, and Responding Effectively,
NAEYC, 1-800-424-2460, www.naeyc.org

Laughter and Health, www.HowStuffWorks

Levin, D., Remote Control Childhood:
Combating the Hazards of Media Culture,
NAEYC, 1-800-424-2460, www.naeyc.org

Loving Discipline for Children Ages 1 through 5:
A Parent's Handbook,
custsvcs@channing-bete.com

Michigan Office of Highway Safety Planning,
Lansing, MI, 517-336-6477,
www.michigan.gov.ohsp

Morrison, M., Humor is a Funny Thing,
www.mkmmorrison@kidsroe.org

National Network for Child Care,
www.nncc.org/Families/cc53build.pos.relat.html

Newman, R., Training New After-School Staff:
Welcome to the World of School-Age Care!,
Redleaf Press, 1-800-423-8309,
www.redleafpress.org

Safe Kids Buckle Up, 1-800-441-1888,
www.safekids.org

Stoll, B., A to Z Health and Safety in the Child Care
Setting, Redleaf Press, 1-800-423-8309,
www.redleafpress.org

Whitehouse, E. & Pudney, W., A Volcano in My
Tummy: Helping Children to Handle Anger, Redleaf
Press, 1-800-423-8309, www.redleafpress.org

Copies Printed:	21,000
Cost:	\$4,376.72 (.208 ea.)
Authority:	FIA Director



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